PATIENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CMD-006

CLAMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE - [___] OR SMALL ENTITY TOTALCLAIMS RATE FEE RATE NUMBER FILED NUMBER EXTRA BASIC FEE 375,00 BASIC FEE 750.00 TOTAL CHARGEABLE CLAIMS DO minus 20≡ 1 2 5 .X\$ 9≝ ⊭X\$18≓ INDEPENDENT CLAIMS ... , minus 3 ⊨ ¹×84= X42≑ MULTIPLE DEPENDENT CLAIM PRESENT #140= fifthe difference in columna is less than zero; enter 0 in column 2 TÖTAL TOTAL 'CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 3) ADDI: ADDI: TIONAL RATE RATE TIONAL FEE: FEE Minus X\$18≡ Minus ∜X84<u>≒</u> OR GIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT FEE (Column 1) 😘 🕞 (Column 2 (Column 3) PRESENT ADDI-. ADDI-TIONAL RATE TIONAL PREVIOUSLY AMENDMENT FEE FEÉ X\$18= <u>o</u>R ...×84≅ ÓΒ FIRST PRESENTATION ÓF MULTIPLE DERENDENT GLAIM +280= OR ADDIT FEE ADDI-TIONAL **PATE** FEE. X\$18= OR Minus X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column has less than the entry in column 2 (willet 0) in column 3. If the Highest Number Rick lously Raid Roll NijiHIS SPACE is less than 20, enter 120, the Highest NijiHIS SPACE is less than 20, enter 120, the Highest NijiHIS SPACE is less than 3, enter 3,